# Case 16-14496 Doc 1 Filed 04/28/16 Entered 04/28/16 15:28:40 Desc Main Document Page 1 of 48

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself   |   |   |
|-----|--|---|---|
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | ALMA First name  DELIA Middle name  JUAREZ Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | ALMA HERNANDEZ<br>ALMA D HERNANDEZ<br>ALMA JUAREZ<br>ALMA D JUAREZ                  |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-0387   |   |

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Case number (if known)

Debtor 1 ALMA DELIA JUAREZ

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|    |   | EINs  | EINs   |
| 5. | Where you live  |   | If Debtor 2 lives at a different address:  |
|    |   | 5840 W. 64TH ST<br>Chicago, IL 60638  |  |
|    |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |   | Cook<br>County  | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.       |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing  | Check one:  | Check one:   |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | <ul> <li>Over the last 180 days before filing this petition, I<br/>have lived in this district longer than in any other<br/>district.</li> </ul> |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|    |   |   |  |

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Document Case number (if known) Debtor 1 ALMA DELIA JUAREZ

| Part | 2: Tell the Court About   | our B     | ankruptcy Ca    | se                                 |   |  |                          |  |
|------|---|-----------|-----------------|------------------------------------|---|--|--------------------------|--|
| 7.   | The chapter of the Bankruptcy Code you are  |           |                 |                                    | of each, see <i>Notice Require</i> f page 1 and check the appro | ed by 11 U.S.C. § 342(b) for Individuals Fopriate box.   | Filing for Bankruptcy    |  |
|      | choosing to file under  | Chapter 7 |                 |                                    |   |  |                          |  |
|      |   | □ с       | hapter 11       |                                    |   |  |                          |  |
|      |   | □ с       | hapter 12       |                                    |   |  |                          |  |
|      |   | □ с       | hapter 13       |                                    |   |  |                          |  |
|      |   |           |                 |                                    |   |  |                          |  |
| 8.   | How you will pay the fee  |           | about how yo    | u may pay. Typ<br>attorney is subr | oically, if you are paying the f                                | check with the clerk's office in your loca<br>ee yourself, you may pay with cash, cas<br>r behalf, your attorney may pay with a cr | hier's check, or money   |  |
|      |   |           |                 |                                    | tallments. If you choose this is (Official Form 103A).          | option, sign and attach the Application  | for Individuals to Pay   |  |
|      |   |           |                 |                                    |   | option only if you are filing for Chapter 7  |                          |  |
|      |   |           | applies to you  | ır family size ar                  | nd you are unable to pay the                                    | r if your income is less than 150% of the fee in installments). If you choose this o   | ption, you must fill out |  |
|      |   |           | the Application | n to Have the (                    | Chapter 7 Filing Fee Waived                                     | (Official Form 103B) and file it with your   | petition.                |  |
|      |   |           |                 |                                    |   |  |                          |  |
| 9.   | Have you filed for<br>bankruptcy within the   | ■ No      | D.              |                                    |   |  |                          |  |
|      | last 8 years?   | ☐ Ye      | es.             |                                    |   |  |                          |  |
|      |   |           | District        |                                    | When  | Case number  |                          |  |
|      |   |           | District        |                                    | When  | Case number  |                          |  |
|      |   |           | District        |                                    | When  | Case number  |                          |  |
| 10.  | Are any bankruptcy  | ■ No      | <u> </u>        |                                    |   |  |                          |  |
|      | cases pending or being filed by a spouse who is                                       | □Ye       |                 |                                    |   |  |                          |  |
|      | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |           |                 |                                    |   |  |                          |  |
|      |   |           | Debtor          |                                    |   | Relationship to you  |                          |  |
|      |   |           | District        |                                    | When  | Case number, if know   | n                        |  |
|      |   |           | Debtor          |                                    |   | Relationship to you  |                          |  |
|      |   |           | District        | -                                  | When  | Case number, if know   | n                        |  |
| 11.  | Do you rent your residence?   | ■ No      | Go to l         | ne 12.                             |   |  |                          |  |
|      |   | ☐ Ye      | es. Has yo      | ur landlord obta                   | ained an eviction judgment a                                    | gainst you and do you want to stay in yo   | ur residence?            |  |
|      |   |           |                 | No. Go to line                     | 12.   |  |                          |  |
|      |   |           |                 | Yes. Fill out In bankruptcy pet    |   | ction Judgment Against You (Form 101A  | ) and file it with this  |  |
|      |   |           |                 |                                    |   |  |                          |  |

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|----------|-------------------|----------|--------------|---------------------|
| Debtor 1 | ALMA DELIA JUAREZ |          | 9            | Case number (if kno |

| ar  | Report About Any Bu   | sinesses               | You Own  | as a Sole Proprietor  |  |  |  |
|-----|---|------------------------|--|---|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | Go to  | Part 4.   |  |  |  |
|     |   | ☐ Yes.                 | Name   | and location of business  |  |  |  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name   | Name of business, if any  |  |  |  |
|     | If you have more than one sole proprietorship, use a  |                        | Numb   | er, Street, City, State & ZIP Code  |  |  |  |
|     | separate sheet and attach it to this petition.  |                        | Check  | k the appropriate box to describe your business:  |  |  |  |
|     |   |                        |  | Health Care Business (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|     |   |                        |  | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|     |   |                        |  | Stockbroker (as defined in 11 U.S.C. § 101(53A))  |  |  |  |
|     |   |                        |  | Commodity Broker (as defined in 11 U.S.C. § 101(6))   |  |  |  |
|     |   |                        |  | None of the above   |  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation | re filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriates. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement ones, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedu S.C. 1116(1)(B). |   |  |  |  |
|     | For a definition of small   |                        | I am not filing under Chapter 11.  |   |  |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Ba Code.   |   |  |  |  |
|     |   | ☐ Yes.                 | I am fi  | iling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |
| ar  | t 4: Report if You Own or   | Have Any               | Hazardo  | ous Property or Any Property That Needs Immediate Attention   |  |  |  |
| 14. | Do you own or have any  | ■ No.                  |  |   |  |  |  |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | Yes.                   | What is t  | the hazard?   |  |  |  |
|     | public health or safety? Or do you own any  |                        |  |   |  |  |  |
|     | property that needs immediate attention?  |                        |  | liate attention is why is it needed?  |  |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is   | s the property?   |  |  |  |
|     |   |                        |  | Number, Street, City, State & Zip Code  |  |  |  |
|     |   |                        |  |   |  |  |  |

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Debtor 1 ALMA DELIA JUAREZ

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 ALMA DELIA JUAREZ Document Page 6 of 48 Case number (if known)

| Par   | 6: Answer These Questi   | ons for R  | eporting Purposes  |  |                               |   |  |  |  |
|---|--|--|--|--|-------------------------------|---|--|--|--|
| 16.   | What kind of debts do you have?                                | 16a.   | Are your debts primarily consult individual primarily for a personal,  |  |                               | in 11 U.S.C. § 101(8) as "incurred by an  |  |  |  |
|   |  |  | ☐ No. Go to line 16b.  |  |                               |   |  |  |  |
|   |  |  | Yes. Go to line 17.  |  |                               |   |  |  |  |
|   |  | 16b.   | 16b. <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  |  |                               |   |  |  |  |
|   |  |  | □ No. Go to line 16c.  |  |                               |   |  |  |  |
|   |  |  | ☐ Yes. Go to line 17.  |  |                               |   |  |  |  |
|   |  | 16c.   | State the type of debts you owe that are not consumer debts or business debts  |  |                               |   |  |  |  |
| 17.   | Are you filing under<br>Chapter 7?                             | □ No.  | I am not filing under Chapter 7. Go  | o to line 18.  |                               |   |  |  |  |
|   | Do you estimate that after any exempt property is excluded and | ■ Yes.   | I am filing under Chapter 7. Do yo are paid that funds will be available   |  |                               | is excluded and administrative expenses   |  |  |  |
|   | administrative expenses are paid that funds will               |  | □ No   |  |                               |   |  |  |  |
|   | be available for<br>distribution to unsecured<br>creditors?    |  | ■ Yes  |  |                               |   |  |  |  |
| 18.   | How many Creditors do you estimate that you owe?               | ■ 1-49<br>□ 50-99<br>□ 100-1<br>□ 200-9  | 99   | ☐ 1,000-5,000<br>☐ 5001-10,000<br>☐ 10,001-25,000                    |                               | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |  |  |  |
| 19.   | How much do you estimate your assets to be worth?              | <b>\$100</b> ,   | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million   | \$1,000,001 - \$ \$10,000,001 - \$ \$50,000,001 - \$ \$100,000,001 - | \$50 million<br>\$100 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |  |  |
| 20.   | How much do you estimate your liabilities to be?               | <b>\$</b> 100,   | 50,000<br>001 - \$100,000<br>001 - \$500,000<br>001 - \$1 million  | \$1,000,001 - \$ \$10,000,001 - \$ \$50,000,001 - \$ \$100,000,001 - | \$50 million<br>\$100 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion |  |  |  |
| Part  | 7: Sign Below  |  |  |  |                               |   |  |  |  |
| For   | you  | I have ex  | amined this petition, and I declare  | under penalty of per   | jury that the informatio      | on provided is true and correct.  |  |  |  |
| If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |  |  |  |  |                               | e to proceed under Chapter 7.   |  |  |  |
|   |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |  |                               |   |  |  |  |
|   |  | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |  |  |                               |   |  |  |  |
|   |  | bankrupt<br>and 3571   | understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a ankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  / ALMA DELIA JUAREZ |  |                               |   |  |  |  |
|   |  | ALMA [   | DELIA JUAREZ Signature of Debtor 2 e of Debtor 1   |  |                               |   |  |  |  |
|   |  | Executed   | on April 28, 2016  | E  | executed on                   |   |  |  |  |
|   |  |  | MM / DD / YYYY   |  | MM / DD                       | D / YYYY  |  |  |  |

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Debtor 1 ALMA DELIA JUAREZ

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Case number (if known)

|                          | ANZA RIVERA-VALENZUEL  | A STATE     | Date         | April 28, 2016                      |
|--------------------------|------------------------|-------------|--------------|-------------------------------------|
| OF IL NO<br>Signature of | Attorney for Debtor    |             |              | MM / DD / YYYY                      |
|                          | ZA RIVERA-VALENZUELA S | STATE OF IL | NO           |                                     |
| Printed name             |                        |             |              |                                     |
|                          | CES OF ESPERANZA RIVE  | RA-VALENZU  | IELA, LLC    |                                     |
| Firm name                |                        |             |              |                                     |
| 6418 W. O                | ~··                    |             |              |                                     |
| BERWYN,                  |                        |             |              |                                     |
| Number, Street,          | City, State & ZIP Code |             |              |                                     |
| Contact phone            | 708-749-8600           | Em          | nail address | ATTORNEYESPERANZA@SBCGLOB<br>AL.NET |
| 6282077                  |                        |             |              |                                     |
| Bar number & S           | tate                   |             |              |                                     |

|                     |                         | 120(31111         | eni Paue 8 01 48 |  |
|---------------------|-------------------------|-------------------|------------------|--|
| Fill in this inforr | mation to identify your | case:             |                  |  |
| Debtor 1            | ALMA DELIA JUA          | AREZ              |                  |  |
|                     | First Name              | Middle Name       | Last Name        |  |
| Debtor 2            |                         |                   |                  |  |
| (Spouse if, filing) | First Name              | Middle Name       | Last Name        |  |
| United States Ba    | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |  |
| Case number         |                         |                   |                  |  |
| (if known)          |                         |                   |                  |  |

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets   |             |                           |
|-----|--|-------------|---------------------------|
|     |  | Your a      | ussets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 120,000.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 78,441.74                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 198,441.74                |
| Par | t 2: Summarize Your Liabilities  |             |                           |
|     |  |             | iabilities<br>It you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 205,315.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 4,946.00                  |
|     | Your total liabilities   | \$          | 210,261.00                |
| Par | 3: Summarize Your Income and Expenses  |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 2,230.49                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 3,884.22                  |
| Par | 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                  |
| 7.  | Yes What kind of debt do you have?   |             |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | a personal  | , family, or              |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,300.35

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cla | im   |
|--|-----------|------|
| From Part 4 on Schedule E/F, copy the following:   |           |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$        | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 0.00 |

|                                   | Cas  | e 16-14496  | Doc 1                                | Filed 04/28/16<br>Document | Entered 04/28/1   | 6 15:28:40                                 | Desc       | Main  |
|-----------------------------------|--|---|--------------------------------------|----------------------------|---|--|------------|---|
| Fill in th                        | is informa                                     | tion to identify yo                                 | our case and t                       |                            |   |  |            |   |
| Debtor 1                          |  | ALMA DELIA  | JUAREZ                               |                            |   |  |            |   |
| <b>D</b> 1 / 0                    |  | First Name  | Midd                                 | le Name                    | Last Name   |  |            |   |
| Debtor 2<br>(Spouse, if           |  | First Name  | Midd                                 | le Name                    | Last Name   |  |            |   |
| United S                          | tates Bank                                     | ruptcy Court for th                                 | e: NORTHE                            | RN DISTRICT OF ILLIN       | NOIS  |  |            |   |
| Case nu                           | mber   |   |                                      |                            | -   |  |            | Check if this is an amended filing          |
| _                                 |  | m 106A/B<br>A/B: Pro                                | perty                                |                            |   |  |            | 12/15                                       |
| hink it fits<br>nformationswer ev | s best. Be a<br>on. If more s<br>very question | as complete and acc<br>space is needed, atto<br>on. | curate as possib<br>ach a separate s | ole. If two married people | nn asset fits in more than one<br>e are filing together, both are<br>e top of any additional pages, | equally responsible                        | for suppl  | ying correct                                |
|                                   |  |   |                                      |                            |   |  |            |   |
| . Do you                          | own or hav                                     | ve any legal or equit                               | able interest in                     | any residence, building,   | land, or similar property?  |  |            |   |
| □ No.                             | Go to Part 2                                   |   |                                      |                            |   |  |            |   |
| Yes.                              | . Where is the                                 | ne property?  |                                      |                            |   |  |            |   |
|                                   |  |   |                                      |                            |   |  |            |   |
| 1.1                               |  |   |                                      | What is the property       | 12 Chook all that apply   |  |            |   |
| 1.1                               |  |   |                                      | Single-family h            |   | Do not deduct secu                         | red claims | s or exemptions. Put                        |
| Stree                             | et address, if a                               | vailable, or other descrip                          | otion                                | Duplex or mul              |   | the amount of any                          | secured cl | aims on Schedule D:<br>Secured by Property. |
|                                   |  |   |                                      | Condominium                | or cooperative  | Creditors willo riav                       | e Clairis  | secured by Froperty.                        |
|                                   |  |   |                                      | ■ Manufactured             | or mobile home  |  | _          |   |
|                                   |  |   |                                      | ☐ Land                     |   | Current value of to entire property?       |            | Current value of the<br>portion you own?    |
| City                              |  | State   | ZIP Code                             | ☐ Investment pro           | operty  | \$120,000                                  | .00        | \$120,000.00                                |
|                                   |  |   |                                      | ☐ Timeshare ☐ Other        |   |  |            | ownership interest                          |
|                                   |  |   |                                      |                            | in the property? Check one  | (such as fee simp<br>a life estate), if kn |            | y by the entireties, or                     |
|                                   |  |   |                                      | Debtor 1 only              | The third property . Officer office   | Fee simple                                 |            |   |
|                                   |  |   |                                      | Debtor 2 only              |   |  |            |   |
| Cou                               | nty  |   |                                      | Debtor 1 and I             | Debtor 2 only<br>f the debtors and another  | Check if this                              |            | inity property                              |
|                                   |  |   |                                      |                            | ou wish to add about this iten  | n, such as local                           | ,          |   |
|                                   |  |   |                                      |                            | W. 64TH ST, Chicago IL  | - 60638                                    |            |   |
|                                   |  |   |                                      |                            | , <b>J</b>  |  |            |   |
|                                   |  |   |                                      |                            |   |  |            |   |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$120,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| □ No                         |   |   |                                       |   |
|------------------------------|---|---|---------------------------------------|---|
| ■ Yes                        |   |   |                                       |   |
| 3.1 Make:<br>Model:          |   | Who has an interest in the property? Check one ☐ Debtor 1 only              | the amount of any secu                | claims or exemptions. Put<br>tred claims on Schedule D:<br>laims Secured by Property. |
| Year: Approximate n          | mileage:  | Debtor 2 only Debtor 1 and Debtor 2 only                                    | Current value of the entire property? | Current value of the portion you own?   |
| Other informat               |   | At least one of the debtors and another                                     |                                       |   |
| JOINTLY                      | AN ALTIMA- OWNED<br>5840 W. 64TH ST,<br>. 60638     | ☐ Check if this is community property (see instructions)                    | \$5,121.00                            | \$5,121.00  |
| Examples: Boats,  ■ No □ Yes | , trailers, motors, personal v                      | watercraft, fishing vessels, snowmobiles, motorcycle a                      | accessories                           |   |
|                              |   | own for all of your entries from Part 2, including an<br>e that number here |                                       | \$5,121.00  |
| Port 2: Deceribe Ve          | our Personal and Household                          | Maria   |                                       |   |
|                              |   | interest in any of the following items?                                     |                                       | Current value of the portion you own? Do not deduct secured claims or exemptions.     |
|                              | ds and furnishings r appliances, furniture, liner e | ns, china, kitchenware  |                                       |   |
|                              | TABLE WITH Location: 584                            | 3 CHAIRS<br>0 W. 64TH ST, Chicago IL 60638                                  |                                       | \$40.00   |
|                              |   | NG UTENSILS, POTS, PANS, DISHES<br>0 W. 64TH ST, Chicago IL 60638           |                                       | \$50.00   |
|                              |   | ED WITH FRAME AND DRESSOR<br>0 W. 64TH ST, Chicago IL 60638                 |                                       | \$80.00   |
|                              | TWIN BED AN Location: 584                           | ID PLAYPEN<br>0 W. 64TH ST, Chicago IL 60638                                |                                       | \$50.0  |
|                              |   | V WITH STAND<br>0 W. 64TH ST, Chicago IL 60638                              |                                       | \$200.00  |
|                              |   | REFRIGERATOR<br>0 W. 64TH ST, Chicago IL 60638                              |                                       | \$75.00   |

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1

|                        | Case 16  | -14496          | Doc 1                              | Filed 04/28/16<br>Document                    | Entered 04/28/16 15:2<br>Page 12 of 48   | 28:40 Desc Main  |           |
|------------------------|--|-----------------|------------------------------------|---|--|--|-----------|
| Debto                  | or 1 ALMA DEL  | IA JUARE        | Z                                  | Document                                      | Case number                              | (if known)   |           |
| Ex<br>■                | including co   |                 |                                    | stereo, and digital equip<br>a players, games | oment; computers, printers, scanners     | s; music collections; electronic dev   | vices     |
| 8. <b>Co</b> <i>Ex</i> | llectibles of value<br>camples: Antiques ar<br>other collec    |                 | oaintings, prir<br>rabilia, collec |   | oks, pictures, or other art objects; sta | amp, coin, or baseball card collecti   | ions;     |
| 9. <b>Eq</b>           | uipment for sports   | tographic, ex   |                                    | ther hobby equipment;                         | bicycles, pool tables, golf clubs, skis; | s; canoes and kayaks; carpentry to   | ools;     |
| E                      | rearms<br>Examples: Pistols, rifl<br>No<br>Yes. Describe       | es, shotguns    | s, ammunition                      | , and related equipment                       | t  |  |           |
|                        | xamples: Everyday  |                 |                                    | s, designer wear, shoes                       |  | 1  |           |
|                        |  |                 | GARMENT                            |   | AND PANTS AND MISC.                      | \$2  | 50.00     |
| E                      | ewelry<br>Examples: Everyday<br>No<br>Yes. Describe            | jewelry, cost   | ume jewelry,                       | engagement rings, wed                         | ding rings, heirloom jewelry, watches    | s, gems, gold, silver  |           |
| _ E                    | on-farm animals<br>Examples: Dogs, cats<br>No<br>Yes. Describe | s, birds, horse | es                                 |   |  |  |           |
|                        | •  |                 | -                                  | ı did not already list, iı                    | ncluding any health aids you did n       | not list   |           |
|                        | res. Give specific i   | Cell Pho        | one                                | 64TH ST, Chicago I                            | L 60638                                  | \$   | 25.00     |
|                        |  |                 |                                    | om Part 3, including a                        | ny entries for pages you have atta       | ached \$770.0  | 00_       |
| Part 4                 |  |                 | uitable intere                     | est in any of the follow                      | ing?                                     | Current value of t<br>portion you own?<br>Do not deduct secu<br>claims or exemptio | ?<br>ured |
|                        | <i>xamples:</i> Money yo<br>No                                 | -               | -                                  | our home, in a safe depo                      | osit box, and on hand when you file y    | your petition  |           |

Yes. List each account separately.

Type of account:

Institution name:

FIDELITY INVESTMENTS RETIREMENT

401(K)- AMSURG/SHERIDAN **82 DEVONSHIRE STREET BOSTON, MA 02109** 

\$12,516.07

FIDELITY TENET HEALTCARE **CORPORATION 401(K) RETIREMENT SAVINGS PLAN 82 DEVONSHIRE STREET** 

**BOSTON, MA 02109** 

\$39,067.98

**CHASE ROTH IRA** 800 BROOKSEDGE BLVD OH4-B504

WESTVILLE, OH 43081

\$16,525.30

Official Form 106A/B

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Case number (if known) Document Debtor 1 **ALMA DELIA JUAREZ** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you □ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... **2015 FEDERAL TAX REFUND** Location: 5840 W. 64TH ST, Chicago \$3.548.00 IL 60638 **2015 STATE TAX REFUND** \$250.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

Schedule A/B: Property

Beneficiary:

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

■ No

Official Form 106A/B

page 5

Surrender or refund

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| Debtor 1 | ALMA DELIA JUAREZ | Document | Case number (if known) |  |
|----------|-------------------|----------|------------------------|--|
|          |                   |          | value:                 |  |

| <ul> <li>32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to resomeone has died. No </li> </ul>               | eceive property because |
|---|-------------------------|
| ☐ Yes. Give specific information  |                         |
| <ul> <li>33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue</li> <li>■ No</li> <li>□ Yes. Describe each claim</li> </ul> |                         |
| 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights  ■ No  □ Yes. Describe each claim  | to set off claims       |
| 35. Any financial assets you did not already list   |                         |
| ■ No □ Yes. Give specific information   |                         |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here   | \$72,550.74             |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |                         |
| 37. Do you own or have any legal or equitable interest in any business-related property?  |                         |
| No. Go to Part 6.   |                         |
| ☐ Yes. Go to line 38.   |                         |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.   |                         |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?   |                         |
| ■ No. Go to Part 7.   |                         |
| ☐ Yes. Go to line 47.   |                         |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above  |                         |
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership   |                         |
| ■ No □ Yes. Give specific information   |                         |
| Les. Oive specific information  |                         |

Official Form 106A/B Schedule A/B: Property page 6

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

\$0.00

Page 16 of 48

Case number (if known) Document Debtor 1 **ALMA DELIA JUAREZ** 

| Part | 8: List the Totals of Each Part of this Form                 |             |                              |              |
|------|--|-------------|------------------------------|--------------|
| 55.  | Part 1: Total real estate, line 2                            |             |                              | \$120,000.00 |
| 56.  | Part 2: Total vehicles, line 5                               | \$5,121.00  |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$770.00    |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$72,550.74 |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00      |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |              |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00      |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$78,441.74 | Copy personal property total | \$78,441.74  |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              | \$198,441.74 |

Official Form 106A/B Schedule A/B: Property page 7

|                     |                          | I A A A III III . | III         | .() |
|---------------------|--------------------------|-------------------|-------------|-----|
| Fill in this infor  | mation to identify your  | case:             |             |     |
| Debtor 1            | ALMA DELIA JUA           | AREZ              |             |     |
|                     | First Name               | Middle Name       | Last Name   |     |
| Debtor 2            |                          |                   |             |     |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |     |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |     |
| Case number         |                          |                   |             |     |
| (if known)          |                          |                   |             |     |
|                     |                          |                   |             |     |
|                     |                          |                   |             |     |

# Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemp | ptions are | you claiming? | Check one only | , even if | your spouse is | s filing with | vou. |
|----|--------------------|------------|---------------|----------------|-----------|----------------|---------------|------|
|----|--------------------|------------|---------------|----------------|-----------|----------------|---------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property                                   | portion you own                     | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |
|---|-------------------------------------|-----|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B | Che | eck only one box for each exemption.                            |                                    |
| Location: 5840 W. 64TH ST, Chicago IL 60638                             | \$120,000.00                        |     | \$0.00  | 735 ILCS 5/12-901                  |
| Line from Schedule A/B: 1.1   |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2010 NISSAN ALTIMA- OWNED<br>JOINTLY                                    | \$5,121.00                          |     | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Location: 5840 W. 64TH ST, Chicago IL 60638 Line from Schedule A/B: 3.1 |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| TABLE WITH 3 CHAIRS<br>Location: 5840 W. 64TH ST, Chicago               | \$40.00                             |     | \$40.00   | 735 ILCS 5/12-1001(b)              |
| IL 60638<br>Line from Schedule A/B: 6.1                                 |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| MISC. COOKING UTENSILS, POTS,<br>PANS, DISHES                           | \$50.00                             |     | \$50.00   | 735 ILCS 5/12-1001(b)              |
| Location: 5840 W. 64TH ST, Chicago IL 60638 Line from Schedule A/B: 6.2 |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |

Case 16-14496 Doc 1 Filed 04/28/16 Entered 04/28/16 15:28:40 Desc Main Page 18 of 48 Document **ALMA DELIA JUAREZ** Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **FULL SIZE BED WITH FRAME AND** 735 ILCS 5/12-1001(b) \$80.00 \$80.00 DRESSOR П Location: 5840 W. 64TH ST, Chicago 100% of fair market value, up to IL 60638 any applicable statutory limit Line from Schedule A/B: 6.3 TWIN BED AND PLAYPEN 735 ILCS 5/12-1001(b) \$50.00 \$50.00 Location: 5840 W. 64TH ST, Chicago IL 60638 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 6.4 **SOFA WITH TV WITH STAND** 735 ILCS 5/12-1001(b) \$200.00 \$200.00 Location: 5840 W. 64TH ST, Chicago IL 60638 100% of fair market value, up to Line from Schedule A/B: 6.5 any applicable statutory limit STOVE AND REFRIGERATOR 735 ILCS 5/12-1001(b) \$75.00 \$75.00 Location: 5840 W. 64TH ST, Chicago IL 60638 100% of fair market value, up to Line from Schedule A/B: 6.6 any applicable statutory limit DRESSES, SHOES, SHIRTS, SKIRTS 735 ILCS 5/12-1001(a) \$250.00 \$250.00 AND PANTS AND MISC. UNDERGARMENTS 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 11.1 Location: 5840 W. 64TH ST, Chicago 735 ILCS 5/12-1001(b) \$50.00 \$50.00 IL 60638 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit **CHASE ACCOUNT CHECKING** 735 ILCS 5/12-1001(b) \$253.15 \$253.15 **ACCOUNT ENDING 9381** PO BOX 659754 100% of fair market value, up to SAN ANTONIO, TX 78265-9754 any applicable statutory limit Line from Schedule A/B: 17.1 **CHASE SAVINGS ACCOUNT ENDING** 735 ILCS 5/12-1001(b) \$340.24 \$340.24 3069 PO BOX 659754 100% of fair market value, up to **SAN ANTONIO, TX 78265** any applicable statutory limit Line from Schedule A/B: 17.2 FIDELITY INVESTMENTS 735 ILCS 5/12-1006 \$12.516.07 \$12,516.07 **RETIREMENT 401(K)-**AMSURG/SHERIDAN 100% of fair market value, up to **82 DEVONSHIRE STREET** any applicable statutory limit **BOSTON, MA 02109** Line from Schedule A/B: 21.1 FIDELITY TENET HEALTCARE 735 ILCS 5/12-1006

**82 DEVONSHIRE STREET** 

**SAVINGS PLAN** 

Official Form 106C

**BOSTON, MA 02109** 

\$39,067.98

100% of fair market value, up to

any applicable statutory limit

\$39,067.98

**CORPORATION 401(K) RETIREMENT** 

Case 16-14496 Doc 1 Filed 04/28/16 Entered 04/28/16 15:28:40 Desc Main Document Page 19 of 48 Debtor 1 ALMA DELIA JUAREZ Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **CHASE ROTH IRA** 735 ILCS 5/12-1006 \$16,525.30 \$16,525.30 800 BROOKSEDGE BLVD OH4-B504 100% of fair market value, up to WESTVILLE, OH 43081 any applicable statutory limit Line from Schedule A/B: 21.3 **2015 FEDERAL TAX REFUND** 735 ILCS 5/12-1001(b) \$2,861.61 \$3,548.00 Location: 5840 W. 64TH ST, Chicago IL 60638 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 28.1 **2015 STATE TAX REFUND** 735 ILCS 5/12-1001(b) \$250.00 \$0.00 Line from Schedule A/B: 28.2 100% of fair market value, up to any applicable statutory limit

| 3. | •    | claiming a homestead exemption of more than \$160,375? o adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. |
|----|------|---|
|    | No   |   |
|    | Yes. | Did you acquire the property covered by the exemption within 1,215 days before you filed this case?   |
|    |      | No  |
|    |      | Yes   |

|  |  | Documen  |   |   |  |                          |
|--|--|--|---|---|--|--------------------------|
| Fill in this informatio  | n to identify you  |  | t Page 20   |   |  |                          |
| Debtor 1 A   | LMA DELIA JU   | JAREZ  |   |   |  |                          |
|  | rst Name   | Middle Name  | Last Name   |   | -  |                          |
| Debtor 2   |  |  |   |   |  |                          |
| (Spouse if, filing) Fi   | rst Name   | Middle Name  | Last Name   |   |  |                          |
| United States Bankrup  | otcy Court for the   | NORTHERN DISTRICT O  | F ILLINOIS  |   | -  |                          |
| Case number  |  |  |   |   |  |                          |
| (if known)   |  |  |   |   | ☐ Check                                      | if this is an            |
|  |  |  |   |   | ameno  | ded filing               |
| Official Form 10   | neD  |  |   |   |  |                          |
|  |  | Mhallara Clain   | C   | l by Duamant  |  |                          |
| scheaule D:  | Creditors  | Who Have Clain   | ns Secured  | by Propert  | <u>y                                    </u> | 12/15                    |
|  |  | If two married people are filing to  |   |   |  |                          |
| s needed, copy the Add<br>lumber (if known).   | itional Page, fill it  | out, number the entries, and atta  | ich it to this form. On   | the top of any addition   | nai pages, write your na                     | me and case              |
| . Do any creditors have  | claims secured by  | y your property?   |   |   |  |                          |
| ☐ No. Check this   | box and submit t   | his form to the court with your  | other schedules. Yo   | u have nothing else t   | to report on this form.                      |                          |
| _  |  | · ·  |   | _   |  |                          |
| Yes. Fill in all o   | f the information  | below.   |   |   |  |                          |
|  |  | below.   |   |   |  |                          |
| Part 1: List All Sec   | cured Claims   |  | oo oroditar sanarataly  | Column A  | Column B                                     | Column C                 |
| Part 1: List All Sec<br>2. List all secured claim<br>for each claim. If more th  | cured Claims  is. If a creditor has in an one creditor has   | more than one secured claim, list the aparticular claim, list the other cr   | editors in Part 2. As   | Amount of claim   | Value of collateral                          | Unsecured                |
| Part 1: List All Sec<br>2. List all secured claim<br>for each claim. If more th  | cured Claims  is. If a creditor has in an one creditor has   | more than one secured claim, list the  | editors in Part 2. As   |   |  | Unsecured portion        |
| Part 1: List All Sec<br>2. List all secured claim<br>for each claim. If more the<br>much as possible, list the   | cured Claims  is. If a creditor has in an one creditor has   | more than one secured claim, list the aparticular claim, list the other cr   | editors in Part 2. As s<br>s name.  | Amount of claim Do not deduct the                                   | Value of collateral that supports this       | Unsecured                |
| Part 1: List All Sec<br>2. List all secured claim<br>for each claim. If more the<br>much as possible, list the   | cured Claims  is. If a creditor has in an one creditor has   | more than one secured claim, list the a particular claim, list the other creat order according to the creditor's   | editors in Part 2. As s name.  ures the claim:  | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim | Unsecured portion If any |
| 2. List All Secured claim for each claim. If more the much as possible, list the 2.1 Seterus  Creditor's Name  | cured Claims  is. If a creditor has an one creditor has a claims in alphabeti  | more than one secured claim, list the a particular claim, list the other creal order according to the creditor's  Describe the property that sec  Location: 5840 W. 64TH IL 60638  As of the date you file, the clai   | editors in Part 2. As s name.  ures the claim:  ST, Chicago   | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim | Unsecured portion If any |
| List All Sec<br>2. List all secured claim<br>for each claim. If more th<br>much as possible, list the<br>2.1 Seterus   | s. If a creditor has<br>an one creditor has<br>claims in alphabeti   | more than one secured claim, list the a particular claim, list the other creat order according to the creditor's  Describe the property that sec  Location: 5840 W. 64TH IL 60638  As of the date you file, the claia apply.   | editors in Part 2. As s name.  ures the claim:  ST, Chicago   | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim | Unsecured portion If any |
| 2. List all secured claim for each claim. If more the much as possible, list the 2.1 Seterus Creditor's Name   | ikan Way St  | more than one secured claim, list the a particular claim, list the other creal order according to the creditor's  Describe the property that sec  Location: 5840 W. 64TH IL 60638  As of the date you file, the claiapply.  Contingent   | editors in Part 2. As s name.  ures the claim:  ST, Chicago   | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim | Unsecured portion If any |
| 2. List all secured claim for each claim. If more the much as possible, list the Creditor's Name  14523 Sw Mill Beaverton, Ol  | ikan Way St  | more than one secured claim, list the a particular claim, list the other creat order according to the creditor's  Describe the property that sec  Location: 5840 W. 64TH IL 60638  As of the date you file, the claia apply.   | editors in Part 2. As s name.  ures the claim:  ST, Chicago   | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim | Unsecured portion If any |
| 2. List all secured claim for each claim. If more the much as possible, list the 2.1 Seterus Creditor's Name  14523 Sw Mill Beaverton, Ol Number, Street, City, Seterus  | ikan Way St<br>R 97005   | more than one secured claim, list the a particular claim, list the other creal order according to the creditor's  Describe the property that sec  Location: 5840 W. 64TH IL 60638  As of the date you file, the claim apply.  Contingent Unliquidated  | editors in Part 2. As s name.  ures the claim:  ST, Chicago  m is: Check all that   | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim | Unsecured portion If any |
| 2. List all secured claim for each claim. If more the much as possible, list the 2.1 Seterus Creditor's Name  14523 Sw Mill Beaverton, Ol Number, Street, City, Who owes the debt?   | ikan Way St<br>R 97005   | more than one secured claim, list the property that secured claim. The continuous contin | editors in Part 2. As s name.  ures the claim:  ST, Chicago  m is: Check all that   | Amount of claim Do not deduct the value of collateral. \$205,315.00 | Value of collateral that supports this claim | Unsecured portion If any |
| 2. List all secured claim for each claim. If more the much as possible, list the 2.1 Seterus Creditor's Name  14523 Sw Mill Beaverton, Ol Number, Street, City, who owes the debt? (Debtor 1 only Debtor 2 only)   | is. If a creditor has an one creditor has a claims in alphabeti claims in alphabeti kan Way St R 97005  State & Zip Code  Check one. | more than one secured claim, list the particular claim, list the other creal order according to the creditor's Describe the property that secured Location: 5840 W. 64TH IL 60638  As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that a  | editors in Part 2. As s name.  ures the claim:  ST, Chicago  m is: Check all that   | Amount of claim Do not deduct the value of collateral. \$205,315.00 | Value of collateral that supports this claim | Unsecured portion If any |
| 2. List all secured claim for each claim. If more the much as possible, list the 2.1 Seterus Creditor's Name  14523 Sw Mill Beaverton, Oli Number, Street, City, who owes the debt? (In the property of the pr | ikan Way St<br>R 97005<br>State & Zip Code   | more than one secured claim, list the property that secured claim. The continuous contin | editors in Part 2. As s name.  ures the claim: ST, Chicago  m is: Check all that  pply.  ch as mortgage or security.              | Amount of claim Do not deduct the value of collateral. \$205,315.00 | Value of collateral that supports this claim | Unsecured portion If any |
| 2. List all secured claim for each claim. If more the much as possible, list the 2.1 Seterus Creditor's Name  14523 Sw Mill Beaverton, Ol Number, Street, City, Swho owes the debt? Compared to the period of the debt of the  | ikan Way St<br>R 97005<br>State & Zip Code   | more than one secured claim, list the a particular claim, list the other crecal order according to the creditor's  Describe the property that sec  Location: 5840 W. 64TH IL 60638  As of the date you file, the clai apply.  Contingent Unliquidated Disputed Nature of lien. Check all that a An agreement you made (succar loan)  | editors in Part 2. As s name.  ures the claim: ST, Chicago  m is: Check all that  pply. ch as mortgage or secun, mechanic's lien) | Amount of claim Do not deduct the value of collateral. \$205,315.00 | Value of collateral that supports this claim | Unsecured portion If any |
| 2. List all secured claim for each claim. If more the much as possible, list the 2.1 Seterus Creditor's Name  14523 Sw Mill Beaverton, Ol Number, Street, City, Swho owes the debt? Compared to the period of the debt of the  | ikan Way St<br>R 97005<br>State & Zip Code   | more than one secured claim, list the a particular claim, list the other crecal order according to the creditor's  Describe the property that sec  Location: 5840 W. 64TH IL 60638  As of the date you file, the clai apply.  Contingent Unliquidated Disputed Nature of lien. Check all that a An agreement you made (succar loan)  Statutory lien (such as tax lie)  | wres the claim: ST, Chicago m is: Check all that  pply. ch as mortgage or secu  | Amount of claim Do not deduct the value of collateral. \$205,315.00 | Value of collateral that supports this claim | Unsecured portion If any |
| 2. List all secured claim for each claim. If more the much as possible, list the 2.1 Seterus Creditor's Name  14523 Sw Mill Beaverton, OI Number, Street, City, Swho owes the debt? (Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 of the deil Check if this claim results and process the secure of the deil Check if this claim results and secure of the deil Check if this claim results and secure of the deil Check if this claim results and secure of the deil Check if this claim results and secure of the deil Check if this claim results and secure of the deil check if this claim results and secure of the deil check if this claim results and secure of the deil check if this claim results are secured to the claim results and secure of the deil check if this claim results are secured to the claim results are secured to th | ikan Way St<br>R 97005<br>State & Zip Code   | more than one secured claim, list the a particular claim, list the other creal order according to the creditor's  Describe the property that sec  Location: 5840 W. 64TH IL 60638  As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that all An agreement you made (succar loan)  Statutory lien (such as tax liet) Judgment lien from a lawsuit  | wres the claim: ST, Chicago m is: Check all that  pply. ch as mortgage or secu  | Amount of claim Do not deduct the value of collateral. \$205,315.00 | Value of collateral that supports this claim | Unsecured portion If any |
| 2. List all secured claim for each claim. If more the much as possible, list the 2.1 Seterus Creditor's Name  14523 Sw Mill Beaverton, OI Number, Street, City, Swho owes the debt? Compared to the period of the debt of the compared | ikan Way St<br>97005<br>State & Zip Code  Check one.   | more than one secured claim, list the a particular claim, list the other creal order according to the creditor's  Describe the property that sec  Location: 5840 W. 64TH IL 60638  As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that all An agreement you made (succar loan)  Statutory lien (such as tax liet) Judgment lien from a lawsuit  | wres the claim: ST, Chicago m is: Check all that  pply. ch as mortgage or secu  | Amount of claim Do not deduct the value of collateral. \$205,315.00 | Value of collateral that supports this claim | Unsecured portion If any |

Add the dollar value of your entries in Column A on this page. Write that number here: \$205,315.00 If this is the last page of your form, add the dollar value totals from all pages. \$205,315.00 Write that number here:

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|   |  | Document  | Page 2   | 1 of 48  |  |
|---|--|---|--|--|--|
| Fill in th  | is information to identify your  | case:   |  |  |  |
| Debtor 1  | ALMA DELIA JUA   | AREZ  |  |  |  |
|   | First Name   | Middle Name   | Last Name                                      |  |  |
| Debtor 2 (Spouse if,  |  | Middle Name   | Last Name                                      |  |  |
|   | States Bankruptcy Court for the:   | NORTHERN DISTRICT OF ILL  |  |  |  |
| 000   | nation Darminapto, Countries and   |   |  |  |  |
| Case nu<br>(if known)   | mber   |   |  |  | ☐ Check if this is an amended filing   |
|   | l Form 106E/F<br>dule E/F: Creditors W   | /ho Have Unsecured  | Claims   |  | 12/15  |
| any execu<br>Schedule<br>Schedule<br>left. Attacl<br>name and | tory contracts or unexpired leases<br>G: Executory Contracts and Unexp<br>D: Creditors Who Have Claims Sec<br>h the Continuation Page to this pag<br>case number (if known). | that could result in a claim. Also li<br>ired Leases (Official Form 106G). D<br>ured by Property. If more space is a<br>ge. If you have no information to rep | st executory of<br>not include<br>needed, copy | Part 2 for creditors with NONPRIORIT<br>contracts on Schedule A/B: Property (<br>any creditors with partially secured c<br>the Part you need, fill it out, number to<br>do not file that Part. On the top of any | Official Form 106A/B) and on laims that are listed in ne entries in the boxes on the |
| Part 1:   | List All of Your PRIORITY Un   |   |  |  |  |
|   | ny creditors have priority unsecure  | d claims against you?   |  |  |  |
| _   | o. Go to Part 2.   |   |  |  |  |
| Dort 2:   | <del></del> -  | TV Haranasan Claima   |  |  |  |
| Part 2:   | List All of Your NONPRIORIT  |   |  |  |  |
| _   | ny creditors have nonpriority unsec  |   |  |  |  |
|   | <b>.</b>   | art. Submit this form to the court with   | your other sche                                | edules.  |  |
| unse  | all of your nonpriority unsecured cl<br>cured claim, list the creditor separately<br>one creditor holds a particular claim, li   | y for each claim. For each claim listed   | , identify what t                              | holds each claim. If a creditor has mo<br>ype of claim it is. Do not list claims alrea<br>three nonpriority unsecured claims fill o  | dy included in Part 1. If more   |
|   |  |   |  |  | Total claim  |
|   | ADT  | Last 4 digits of acc  | ount number                                    | 8097   | \$2,150.00   |
| I   | Nonpriority Creditor's Name PO BOX 371878  | When was the debt   | incurred?                                      | 2015   |  |
| 1   | Pittsburgh, PA 15250  Number Street City State Zlp Code  | As of the date you t  | file, the claim i                              | s: Check all that apply  |  |
|   | Who incurred the debt? Check one.  |   |  |  |  |
|   | Debtor 1 only  | Contingent  |  |  |  |
|   | Debtor 2 only  | ☐ Unliquidated  |  |  |  |
|   | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIOR  | ITV unsacura                                   | 1 claim:   |  |
|   | At least one of the debtors and and  |   | iii unsecure                                   | a Ciaiiii.   |  |
|   | $\square$ Check if this claim is for a comidebt  | illullity   | id out of a sena                               | ration agreement or divorce that you did   | not  |
|   | s the claim subject to offset?   | report as priority clair  |  | Tallott agreement of divorce that you did  | 1100   |
| İ   | No   | ☐ Debts to pension  | or profit-sharin                               | g plans, and other similar debts   |  |
| I   | ☐ Yes  | Other. Specify  | SECURITY                                       | SYSTEM   | <u></u>  |

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Page 22 of 48 Case number (if know) Document Debtor 1 ALMA DELIA JUAREZ

| Nonpriority Creditor's Name PO BOX 4256 Carol Stream, IL 60197 Number Street City State ZIp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Debtor 1 only Chase Card Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Check if this claim is for a community debt Unliquidated Debtor 1 and Debtor 2 only Check if this claim is for a community debt Unliquidated Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Unliquidated Unliquidat |          |
|--|----------|
| Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Is the claim subject to offset?  Chase Card Nonpriority Creditor's Name  Po Box 15298 Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 as priority claims Debtor 1 as priority claims Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only At least one of the debtors and another Check if this claim is for a community debt Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Unliquidated Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Separation agreement or divorce that you direport as priority claims Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 are report as priority claims Debtor 3 are report as priority claims Debtor 4 debt 3 are claim is: Check all that apply   |          |
| Debtor 2 only  |          |
| Debtor 2 only  |          |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Chase Card Nonpriority Creditor's Name □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Debtor 1 only □ Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debtor 1 only □ Disputed □ Check if this claim is for a community debt Is the claim subject to offset? □ Debtor 1 only □ Disputed □ Check if this claim is for a community debt Is the claim subject to offset? □ Debtor 1 only □ Disputed □ Debtor 1 and Debtor 2 only □ Disputed □ Debtor 3 as eparation agreement or divorce that you direport as priority claims   |          |
| At least one of the debtors and another   Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you direport as priority claims   Debts to pension or profit-sharing plans, and other similar debts   Other. Specify   MEDICAL CARE AND TREATMENT  |          |
| Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you divable to the claim subject to offset?   Obligations arising out of a separation agreement or divorce that you divable to pension or profit-sharing plans, and other similar debts   Other. Specify   MEDICAL CARE AND TREATMENT      A.3   Chase Card  |          |
| Chase Card   |          |
| Chase Card Nonpriority Creditor's Name  Po Box 15298 Wilmington, DE 19850 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  Other. Specify MEDICAL CARE AND TREATMENT  MEDICAL CARE AND TREATMENT  Stat5  Medit caccount number S845  Opened 11/06/04 Last Acti 4/01/16  As of the date you file, the claim is: Check all that apply  Unliquidated Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you direport as priority claims Debts to pension or profit-sharing plans, and other similar debts  | id not   |
| Chase Card Nonpriority Creditor's Name  Po Box 15298 Wilmington, DE 19850 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  Other. Specify MEDICAL CARE AND TREATMENT  MEDICAL CARE AND TREATMENT  Stat5  Medit caccount number S845  Opened 11/06/04 Last Acti 4/01/16  As of the date you file, the claim is: Check all that apply  Unliquidated Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you direport as priority claims Debts to pension or profit-sharing plans, and other similar debts  |          |
| Nonpriority Creditor's Name  Po Box 15298 Wilmington, DE 19850  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  No  When was the debt incurred?  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts   |          |
| Po Box 15298 Wilmington, DE 19850  Number Street City State ZIp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts   | \$351.00 |
| Wilmington, DE 19850  Number Street City State ZIp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you direport as priority claims Debts to pension or profit-sharing plans, and other similar debts  |          |
| Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you direport as priority claims Debts to pension or profit-sharing plans, and other similar debts   |          |
| ■ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you direport as priority claims □ Debts to pension or profit-sharing plans, and other similar debts   |          |
| □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Disputed □ Obligations arising out of a separation agreement or divorce that you direport as priority claims □ Debts to pension or profit-sharing plans, and other similar debts  |          |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you direport as priority claims □ Debts to pension or profit-sharing plans, and other similar debts   |          |
| ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Is the claim subject to offset? ☐ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you direport as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts  |          |
| ☐ Check if this claim is for a community debt  Is the claim subject to offset?  ■ No  □ Student loans □ Obligations arising out of a separation agreement or divorce that you direport as priority claims □ Debts to pension or profit-sharing plans, and other similar debts  |          |
| debt    Obligations arising out of a separation agreement or divorce that you direport as priority claims   No   |          |
| Is the claim subject to offset?  ■ No  □ Debts to pension or profit-sharing plans, and other similar debts   |          |
|  | d not    |
| CHARGE ACCOUNT   |          |
| FOOD, GAS AND NECESSARY WEARIN  Yes  Other. Specify  APPARREL  | IG       |
| ALLAMEE  |          |
| ATTORNEY   |          |
| FEES AND   |          |
| 4.4 CITIZENS LAW GROUP LTD. Last 4 digits of account number COSTS  | Unknown  |
| Nonpriority Creditor's Name 2101 W. DIVISION When was the debt incurred? Chicago, IL 60622  2016   |          |
| Number Street City State Zlp Code  As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.  |          |
| ■ Debtor 1 only □ Contingent   |          |
| ☐ Debtor 2 only ☐ Unliquidated   |          |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed  |          |
| ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:   |          |
| ☐ Check if this claim is for a community ☐ Student loans   |          |
| debt ☐ Obligations arising out of a separation agreement or divorce that you di report as priority claims  | d not    |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts   |          |
| ATTORNEY FEES AND COSTS IN SHOR<br>SALE THAT WAS NOT APPROVED BY<br>DEBTOR BECUASE IT FORCED HER TO<br>Description of \$43,080.00  |          |

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| 4.5 | COMENITY BANK- BANKRUPTCY DEPARTMEN  | Last 4 digits of account number 5300  | \$125.00 |
|-----|--|---|----------|
|     | Nonpriority Creditor's Name PO BOX 182125  | When was the debt incurred? 2016  |          |
|     | Columbus, OH 43218  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |          |
|     | ■ Debtor 1 only  | ☐ Contingent  |          |
|     | Debtor 2 only  | ☐ Unliquidated  |          |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|     | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|     | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|     | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
|     | Yes  | ■ Other. Specify CLOTHING AND MISC WEARING APPAREL  |          |
| 4.6 | FERRILL LAW FIRM   | Last 4 digits of account number 4023  | \$950.00 |
|     | Nonpriority Creditor's Name 115 55TH STREET Clarendon Hills, IL 60514                    | When was the debt incurred? 11/30/15  |          |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.                     | As of the date you file, the claim is: Check all that apply   |          |
|     | ■ Debtor 1 only  | ☐ Contingent  |          |
|     | Debtor 2 only  | ☐ Unliquidated  |          |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|     | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |          |
|     | Is the claim subject to offset?  | report as priority claims   |          |
|     | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
|     | Yes  | ■ Other. Specify ATTORNEY FEES AND COSTS  |          |
| 4.7 | HAUSELMAN RAPPIN & OLSWANG<br>LTD  | Last 4 digits of account number NDEZ  | Unknown  |
|     | Nonpriority Creditor's Name 29 E MADISON STE 950   | When was the debt incurred? 2013  |          |
|     | Chicago, IL 60602  Number Street City State Zlp Code                                     | As of the date you file, the claim is: Check all that apply   |          |
|     | Who incurred the debt? Check one.  | -   |          |
|     | ■ Debtor 1 only  | Contingent  |          |
|     | Debtor 2 only  | Unliquidated  |          |
|     | ☐ Debtor 1 and Debtor 2 only   | Disputed  |          |
|     | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |          |
|     | ☐ Check if this claim is for a community debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |          |
|     | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts              |          |
|     | ■ No   |   |          |
|     | Yes  | ■ Other. Specify ATTORNEY FEES AND COSTS  |          |

Document Page 24 of 48 Case number (if know) Debtor 1 ALMA DELIA JUAREZ 4.8 Remax Partners- Luis Ortiz- Broker Last 4 digits of account number Comission Unknown Nonpriority Creditor's Name 6420 W Cermak When was the debt incurred? 2016 Berwyn, IL 60402 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts **Possible Commission for Real Estate** Other. Specify ☐ Yes **Transaction that was Cancelled** 4.9 Td Bank Usa/Targetcred Last 4 digits of account number 1923 \$120.00 Nonpriority Creditor's Name Opened 3/20/09 Last Active Po Box 673 When was the debt incurred? 3/01/16 Minneapolis, MN 55440 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts CHARGE ACCOUNT FOR FOOD, GAS AND ☐ Yes ■ Other. Specify NECESSARY WEARING APPAREL Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                          |     |   |     | Total Claim |
|--------------------------|-----|---|-----|-------------|
|                          | 6a. | Domestic support obligations  | 6a. | \$ 0.00     |
| Total                    |     |   |     |             |
| claims<br>from Part 1    | 6b. | Taxes and certain other debts you owe the government                    | 6b. | \$ 0.00     |
| II OIII Fait I           | OD. | raxes and certain other debts you owe the government                    | OD. | \$          |
|                          | 6c. | Claims for death or personal injury while you were intoxicated          | 6c. | \$ 0.00     |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00     |
|                          | 6e. | Total Priority. Add lines 6a through 6d.                                | 6e. | \$0.00_     |
|                          |     |   |     | Total Claim |
|                          | 6f. | Student loans   | 6f. | \$          |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that       | 6g. | \$ 0.00     |
|                          |     |   |     |             |

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| 6h. | you did not report as priority claims<br>Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$<br>0.00     |
|-----|--|-----|----------------|
| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                          | 6i. | \$<br>4,946.00 |
| 6j. | Total Nonpriority. Add lines 6f through 6i.  | 6j. | \$<br>4,946.00 |

Official Form 106 E/F

|   | · · · · · · · · · · · · · · · · · · · |                   |             |  |
|---|---------------------------------------|-------------------|-------------|--|
| Fill in this information to identify your case: |                                       |                   |             |  |
| Debtor 1  | ALMA DELIA JUA                        | AREZ              |             |  |
|   | First Name                            | Middle Name       | Last Name   |  |
| Debtor 2  |                                       |                   |             |  |
| (Spouse if, filing)                             | First Name                            | Middle Name       | Last Name   |  |
| United States Ba                                | ankruptcy Court for the:              | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number                                     |                                       |                   |             |  |
| (if known)                                      |                                       |                   |             |  |
|   |                                       |                   |             |  |

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   |   |
|     | City      |                                | State   | ZIP Code          | _                                       |
| 2.2 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.3 | •         |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del></del>                             |
| 2.5 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
|     |           |                                |   |                   |   |

|  |   | Docume   | ent Page 27 d   | <u>)† 48                                    </u>                        |  |
|--|---|--|---|---|--|
| Fill in this inf                                       | ormation to identify your   |  |   |   |  |
| Debtor 1   | ALMA DELIA JUA  | ARF7   |   |   |  |
| 20210  | First Name  | Middle Name  | Last Name   |   |  |
| Debtor 2   | First Name  | Middle Nove  | Lost Name   |   |  |
| (Spouse if, filing)                                    | First Name  | Middle Name  | Last Name   |   |  |
| United States  | Bankruptcy Court for the:   | NORTHERN DISTRICT  | OF ILLINOIS   |   |  |
| Case number<br>(if known)                              |   |  |   |   | ☐ Check if this is an amended filing   |
|  | orm 106H<br>le H: Your Cod  | ebtors   |   |   | 12/15  |
| people are filing it out, and to our name and          | ng together, both are equ   | ally responsible for supp<br>boxes on the left. Attach<br>. Answer every question                                | olying correct informat<br>n the Additional Page t                                      | ion. If more space is r<br>o this page. On the to                       | rate as possible. If two married<br>needed, copy the Additional Page,<br>p of any Additional Pages, write                                    |
| ■ No<br>□ Yes  |   |  |   |   |  |
| Arizona, C ■ No. Go □ Yes. Di  3. In Columnin line 2 a | California, Idaho, Louisiana, to line 3. d your spouse, former spou n 1, list all of your codebt gain as a codebtor only i D), Schedule E/F (Official | Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>ors. Do not include your<br>f that person is a guaran | erto Rico, Texas, Wash with you at the time? spouse as a codebtor tor or cosigner. Make | ington, and Wisconsin.)  if your spouse is filin sure you have listed t | ty states and territories include  g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
|  | umn 1: Your codebtor<br>e, Number, Street, City, State and ZI   | P Code   |   | Column 2: The cre<br>Check all schedule                                 | editor to whom you owe the debt es that apply:   |
| Nam City   |   | State  | ZIP Code  | _ ☐ Schedule D, lin☐ Schedule E/F,☐ Schedule G, lin☐                    | line   |
| 3.2 Nam  | е   |  |   | _ □ Schedule D, lin □ Schedule E/F, □ Schedule G, lir                   | line   |
| Num<br>City  | ber Street  | State  | ZIP Code  | _   |  |

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| Fill                | in this information to  | o identify your ca                | ase:  |                            |                             |                         |                                |                             |                        |                 |
|---------------------|---|-----------------------------------|---|----------------------------|-----------------------------|-------------------------|--------------------------------|-----------------------------|------------------------|-----------------|
| Del                 | otor 1  | ALMA DELIA                        | A JUAREZ  |                            |                             | _                       |                                |                             |                        |                 |
|                     | otor 2<br>buse, if filing)                                    |                                   |   |                            |                             | _                       |                                |                             |                        |                 |
| Uni                 | ted States Bankrupt   | tcy Court for the                 | : NORTHERN DISTRIC  | CT OF ILLINOIS             |                             | _                       |                                |                             |                        |                 |
|                     | se number<br>nown)  |                                   |   |                            |                             |                         |                                |                             |                        | chapter         |
| 0                   | fficial Form  | 1061                              |   |                            |                             |                         | MM / DD/ Y                     | YYY                         | J                      |                 |
| S                   | chedule I: `  | Your Inc                          | ome   |                            |                             |                         | , 22, .                        |                             |                        | 12/15           |
| sup<br>spo<br>atta  | plying correct infouse. If you are septiched a separate sheet | rmation. If you<br>arated and you | sible. If two married peo<br>are married and not filii<br>r spouse is not filing wi<br>On the top of any addition | ng jointly, and yo         | ur spouse i<br>clude inforn | s living w<br>nation ab | ith you, inclu<br>out your spo | ude informations. If more s | on about<br>space is i | your<br>needed, |
| 1.                  | Fill in your emploinformation.                                | oyment                            |   | Debtor 1                   |                             |                         | Debtor 2                       | or non-filing               | spouse                 |                 |
|                     | If you have more t  | •                                 | Employment status   | ■ Employed                 |                             |                         | ☐ Emplo                        | oyed                        |                        |                 |
|                     | attach a separate information about                           |                                   | Employment status   | □ Not employe              | d                           |                         | ☐ Not er                       | mployed                     |                        |                 |
|                     | employers.  |                                   | Occupation  | NURSE                      |                             |                         |                                |                             |                        |                 |
|                     | Include part-time,<br>self-employed wo                        | rk.                               | Employer's name   | OAK LAWN II                | L ENDOSC                    | ОРҮ                     | _                              |                             |                        |                 |
|                     | Occupation may in<br>or homemaker, if i                       |                                   | Employer's address  | 1A BURTON<br>Nashville, TN | _                           | /D                      |                                |                             |                        |                 |
|                     |   |                                   | How long employed ti  | here? 4 YE                 | ARS                         |                         |                                |                             |                        |                 |
| Par                 | rt 2: Give Det  | ails About Mor                    |   |                            |                             |                         |                                |                             |                        |                 |
| <b>Esti</b><br>spou | mate monthly inco   | ome as of the da<br>separated.    | ate you file this form. If you  | , 3                        | •                           | ,                       |                                | •                           | ,                      | J               |
|                     | ,   |                                   |   |                            |                             | For                     | Debtor 1                       | For Debtor non-filing       |                        |                 |
| 2.                  |   |                                   | ry, and commissions (becalculate what the month)  |                            | 2.                          | \$                      | 2,513.68                       | \$                          | N/A                    |                 |
| 3.                  | Estimate and list   | monthly overti                    | ime pay.  |                            | 3.                          | +\$                     | 0.00                           | +\$                         | N/A                    |                 |
| 4.                  | Calculate gross I   | ncome. Add lir                    | ne 2 + line 3.  |                            | 4.                          | \$2                     | 2,513.68                       | \$                          | N/A                    |                 |

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| Deb | or 1                  | ALMA DELIA JUAREZ  | -           | Case      | number ( <i>if known</i> ) |                     |                   |          |
|-----|-----------------------|--|-------------|-----------|----------------------------|---------------------|-------------------|----------|
|     |                       |  |             |           | Debtor 1                   | For Debto           | spouse            |          |
|     | Cop                   | y line 4 here  | 4.          | \$        | 2,513.68                   | \$                  | N/A               |          |
| 5.  | List                  | all payroll deductions:  |             |           |                            |                     |                   |          |
|     | 5a.                   | Tax, Medicare, and Social Security deductions  | 5a.         | \$        | 479.44                     | \$                  | N/A               |          |
|     | 5b.                   | Mandatory contributions for retirement plans   | 5b.         | \$        | 0.00                       | \$                  | N/A               |          |
|     | 5c.                   | Voluntary contributions for retirement plans   | 5c.         | \$        | 0.00                       | \$                  | N/A               |          |
|     | 5d.                   | Required repayments of retirement fund loans   | 5d.         | \$        | 0.00                       | \$                  | N/A               |          |
|     | 5e.                   | Insurance  | 5e.         | \$        | 0.00                       | \$                  | N/A               |          |
|     | 5f.<br>5g.            | Domestic support obligations Union dues  | 5f.<br>5g.  | \$_<br>\$ | 0.00                       | \$                  | N/A<br>N/A        |          |
|     | 5h.                   | Other deductions. Specify: ROTH IRA  | 5g.<br>5h.+ | - :       | 377.04                     | · ·                 | N/A               |          |
| 6.  |                       | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.          | * —<br>\$ | 856.48                     | \$                  | N/A               |          |
| 7.  |                       |  | 7.          | * —<br>\$ |                            | \$                  | -                 |          |
|     |                       | culate total monthly take-home pay. Subtract line 6 from line 4.   | ٧.          | Φ —       | 1,657.20                   | Φ                   | N/A               |          |
| 8.  | List<br>8a.           | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                      |             |           |                            |                     |                   |          |
|     |                       | monthly net income.  | 8a.         | \$        | 0.00                       | \$                  | N/A               |          |
|     | 8b.                   | Interest and dividends   | 8b.         | \$        | 0.00                       | \$                  | N/A               |          |
|     | 8c.                   | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.         | \$        | 0.00                       | \$                  | NI/A              |          |
|     | 8d.                   | Unemployment compensation  | 8d.         | \$<br>    | 0.00                       | ş———                | N/A<br>N/A        |          |
|     | 8e.                   | Social Security  | 8e.         | \$_       | 0.00                       | \$                  | N/A               |          |
|     | 8f.                   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:           | 8f.         | \$        | 0.00                       | \$                  | N/A               |          |
|     | 8g.                   | Pension or retirement income   | 8g.         | \$        | 0.00                       | \$                  | N/A               |          |
|     | 8h.                   | VHS OF IL MACNEAL HOSPITAL _ Other monthly income. Specify: PART TIME  | -<br>8h.+   | \$        | 573.29                     | + \$                | N/A               |          |
|     | 011.                  | TAKT TIME  |             |           |                            | · —                 |                   |          |
| 9.  | Add                   | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.          | \$        | 573.29                     | \$                  | N/A               |          |
| 10. |                       | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$      |           | 2,230.49 + \$_             | N/A                 | A = \$2           | 2,230.49 |
| 11. | Inclu<br>othe<br>Do r | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your prince friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not a cify: | depen       | ,         | •                          | ed in <i>Schedu</i> | ıle J.<br>. +\$   | 0.00     |
| 12. |                       | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies  |             |           |                            |                     | . \$2             | 2,230.49 |
| 13. | Do :                  | you expect an increase or decrease within the year after you file this form'<br>No.  | ?           |           |                            |                     | Combine monthly i |          |
|     | _                     |  |             |           |                            |                     |                   |          |

Yes. Explain: THE PART TIME JOB AT MACNEAL IS EXPECTED TO TERMINATE OR DRASTICALLY REDUCE DEBTORS HOURS

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| E:11      | in this informs                 | tion to identify w                    | 211, 2222              |   |  | 1             |                                 |                               |
|-----------|---------------------------------|---------------------------------------|------------------------|---|--|---------------|---------------------------------|-------------------------------|
|           |                                 | tion to identify yo                   |                        |   |  |               |                                 |                               |
| Deb       | otor 1                          | ALMA DELIA                            | A JUARE                | Z   |  | l             | k if this is: An amended filing |                               |
| Deb       | otor 2                          |                                       |                        |   |  | _             | •                               | ving postpetition chapter     |
| (Sp       | ouse, if filing)                |                                       |                        |   |  | _             | 13 expenses as of               | the following date:           |
| Unit      | ted States Bankr                | uptcy Court for the                   | : NORTH                | HERN DISTRICT OF ILLIN  | OIS                                    | -             | MM / DD / YYYY                  |                               |
|           | se number<br>nown)              |                                       |                        |   |  |               |                                 |                               |
| 0         | fficial Fo                      | rm 106J                               |                        |   |  |               |                                 |                               |
| S         | chedule                         | J: Your                               | Exper                  | nses  |  |               |                                 | 12/1                          |
| Be        | as complete a                   | and accurate as                       | possible<br>eded, atta | . If two married people ar<br>ich another sheet to this                   |  |               |                                 |                               |
| Par<br>1. | t 1: Descr                      | ibe Your House                        | hold                   |   |  |               |                                 |                               |
| ١.        | ■ No. Go to                     |                                       |                        |   |  |               |                                 |                               |
|           |                                 |                                       | in a separ             | ate household?  |  |               |                                 |                               |
|           | □N                              |                                       | •                      |   |  |               |                                 |                               |
|           | □ Y                             | es. Debtor 2 mus                      | st file Offici         | al Form 106J-2, Expenses  | for Separate House                     | ehold of Debt | or 2.                           |                               |
| 2.        | Do you have                     | e dependents?                         | □ No                   |   |  |               |                                 |                               |
|           | Do not list Debtor 2.           | ebtor 1 and                           | ■ Yes.                 | Fill out this information for each dependent                              | Dependent's relat<br>Debtor 1 or Debto |               | Dependent's age                 | Does dependent live with you? |
|           | Do not state                    | the                                   |                        |   |  |               |                                 | □ No                          |
|           | dependents                      | names.                                |                        |   | Daughter                               |               | 8 MONTHS                        | Yes                           |
|           |                                 |                                       |                        |   | Doughtor                               |               | 3                               | □ No                          |
|           |                                 |                                       |                        |   | Daughter                               |               | · <u> </u>                      | ■ Yes<br>□ No                 |
|           |                                 |                                       |                        |   |  |               |                                 | □ Yes                         |
|           |                                 |                                       |                        |   |  |               |                                 | □ No                          |
|           |                                 |                                       |                        |   |  |               |                                 | ☐ Yes                         |
| 3.        |                                 | enses include<br>f people other t     | han                    | No  |  |               |                                 |                               |
|           |                                 | d your depende                        |                        | Yes   |  |               |                                 |                               |
| Dec       |                                 |                                       |                        | h. F  |  |               |                                 |                               |
| Est       | imate your ex                   |                                       | our bankr              | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |  |               |                                 |                               |
|           |                                 |                                       |                        | government assistance i   |  |               |                                 |                               |
|           | value of such<br>ficial Form 10 |                                       | d have ind             | cluded it on Schedule I: \  | our Income                             |               | Your expe                       | enses                         |
| 4.        |                                 | or home owners<br>and any rent for th |                        | ses for your residence. I   | nclude first mortgag                   | e<br>4. \$    |                                 | 1,265.65                      |
|           | If not includ                   | led in line 4:                        |                        |   |  |               |                                 |                               |
|           | 4a. Real e                      | estate taxes                          |                        |   |  | 4a. \$        |                                 | 0.00                          |
|           |                                 | rty, homeowner's                      | s, or renter           | 's insurance  |  | 4b. \$        |                                 | 0.00                          |
|           |                                 | •                                     |                        | ıpkeep expenses   |  | 4c. \$        |                                 | 200.00                        |
| _         |                                 | owner's associa                       |                        |   |  | 4d. \$        |                                 | 0.00                          |
| 5.        | Additional r                    | nortgage paym                         | ents for yo            | <b>our residence,</b> such as ho  | me equity loans                        | 5. \$         |                                 | 0.00                          |

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| Deb         | otor 1  | ALMA D        | ELIA JUAREZ  | Case n                           | uml              | ber (if known)  |                                 |
|-------------|---------|---------------|--|----------------------------------|------------------|-----------------|---------------------------------|
| 6.          | Utiliti | ies:          |  |                                  |                  |                 |                                 |
| ٥.          | 6a.     |               | , heat, natural gas  | 6                                | Sa.              | \$              | 600.00                          |
|             | 6b.     |               | wer, garbage collection  | 6                                | Sb.              | \$              | 75.00                           |
|             | 6c.     |               | e, cell phone, Internet, satellite, and cable servi  | ces 6                            | Sc.              | \$              | 225.00                          |
|             | 6d.     | Other. Sp     | ecify:   | 6                                | ßd.              | \$              | 0.00                            |
| 7.          | Food    |               | ekeeping supplies  |                                  | 7.               | \$              | 500.00                          |
| 8.          |         |               | children's education costs   |                                  | 8.               | \$              | 550.00                          |
| 9.          | Cloth   | hing, laund   | ry, and dry cleaning   |                                  | 9.               | \$              | 75.00                           |
| 10.         |         | •             | products and services  | 1                                | 0.               | \$              | 0.00                            |
|             |         | -             | ntal expenses  | 1                                | 1.               | \$              | 93.57                           |
|             |         |               | Include gas, maintenance, bus or train fare.   |                                  |                  | ·               |                                 |
|             |         |               | ar payments.   |                                  | 2.               |                 | 150.00                          |
| 13.         | Ente    | rtainment,    | clubs, recreation, newspapers, magazines,  | and books                        | 3.               | \$              | 0.00                            |
| 14.         | Char    | itable cont   | ributions and religious donations  | 1                                | 4.               | \$              | 100.00                          |
| 15.         | Insur   | rance.        |  |                                  |                  |                 |                                 |
|             |         |               | nsurance deducted from your pay or included in   |                                  |                  |                 |                                 |
|             | 15a.    | Life insura   | ance   |                                  | ā.               |                 | 0.00                            |
|             | 15b.    | Health ins    | urance   | 15                               | īb.              | \$              | 0.00                            |
|             | 15c.    | Vehicle in    | surance  | 15                               | ōс.              | \$              | 50.00                           |
|             | 15d.    | Other insu    | ırance. Specify:   | 15                               | īd.              | \$              | 0.00                            |
| 16.         |         |               | nclude taxes deducted from your pay or include   | d in lines 4 or 20.              |                  |                 |                                 |
|             | Spec    | ,             |  | 1                                | 6.               | \$              | 0.00                            |
| 17.         |         |               | ease payments:   |                                  |                  |                 |                                 |
|             |         |               | ents for Vehicle 1   |                                  | a.               |                 | 0.00                            |
|             |         |               | ents for Vehicle 2   |                                  | 'n.              |                 | 0.00                            |
|             |         | Other. Spe    |  | 17                               | 7с.              | \$              | 0.00                            |
|             |         | Other. Spe    |  |                                  | ď.               | \$              | 0.00                            |
| 18.         |         |               | of alimony, maintenance, and support that  |                                  | 0                | Φ.              | 0.00                            |
| 40          |         |               | your pay on line 5, Schedule I, Your Income  | (Omolai i Omi 1001).             | 8.               |                 |                                 |
| 19.         |         |               | s you make to support others who do not liv  | •                                |                  | \$              | 0.00                            |
| 20          | Spec    |               | outer assessment in already distribute A out of  |                                  | 9.<br>V-         |                 |                                 |
| 20.         |         |               | erty expenses not included in lines 4 or 5 of<br>s on other property                                   |                                  | ro<br>a.         |                 | 0.00                            |
|             |         | Real estat    |  |                                  | b.               |                 | 0.00                            |
|             |         |               |  |                                  | )с.              | ·               | -                               |
|             |         |               | homeowner's, or renter's insurance   |                                  | )d.              |                 | 0.00                            |
|             |         |               | nce, repair, and upkeep expenses<br>ler's association or condominium dues                              |                                  |                  |                 | 0.00                            |
| 0.4         |         |               | ier's association of condominium dues  |                                  | )e.              | ·               | 0.00                            |
| 21.         | Othe    | r: Specify:   |  |                                  | 21.              | +\$             | 0.00                            |
| 22.         | Calc    | ulate vour    | monthly expenses   |                                  |                  |                 |                                 |
|             |         |               | through 21.  |                                  |                  | \$              | 3.884.22                        |
|             |         |               | 2 (monthly expenses for Debtor 2), if any, from  | Official Form 106J-2             |                  | \$              | 3,00 11.                        |
|             |         |               | a and 22b. The result is your monthly expense  |                                  |                  | \$              | 3,884.22                        |
|             | 220.7   | rida iiric ZZ | a and 225. The result is your monthly expense  | <b>.</b>                         |                  |                 | 3,004.22                        |
| 23.         | Calc    | ulate your    | monthly net income.  |                                  |                  |                 |                                 |
|             | 23a.    | Copy line     | 12 (your combined monthly income) from Sche  | dule I. 23                       | Ba.              | \$              | 2,230.49                        |
|             | 23b.    | Copy your     | monthly expenses from line 22c above.  | 23                               | ßb.              | -\$             | 3,884.22                        |
|             |         |               |  |                                  |                  |                 |                                 |
|             | 23c.    |               | our monthly expenses from your monthly incor   | ne.                              |                  | ф               | -1,653.73                       |
|             |         | The result    | is your monthly net income.  | 23                               | 3c.              | \$              | -1,033.73                       |
| 24          | De ···  | 011 0V 2004   | on ingresse or degrees in your synchols  | ithin the year often year file t | h:-              | form?           |                                 |
| <b>∠</b> 4. |         |               | an increase or decrease in your expenses we but expect to finish paying for your car loan within the y |                                  |                  |                 | rease or decrease because of a  |
|             |         |               | terms of your mortgage?  | oai oi ao you oxpeot your mortga | a <sub>c</sub> l | Jaymont to 1110 | . odoo or deoredoe because or a |
|             | ■ No    |               |  |                                  |                  |                 |                                 |
|             | Пу      |               | Explain here:  |                                  |                  |                 |                                 |

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| Fill in this infor  | mation to identify your                           | case:                    |                              |                                   |                                    |
|---------------------|---|--------------------------|------------------------------|-----------------------------------|------------------------------------|
| Debtor 1            | ALMA DELIA JUA                                    |                          | Last Nama                    |                                   |                                    |
| Debtor 2            | First Name  | Middle Name              | Last Name                    |                                   |                                    |
| (Spouse if, filing) | First Name  | Middle Name              | Last Name                    |                                   |                                    |
| United States Ba    | ankruptcy Court for the:                          | NORTHERN DISTRIC         | T OF ILLINOIS                |                                   |                                    |
| Case number         |   |                          |                              |                                   |                                    |
| (if known)          |   |                          |                              |                                   | Check if this is an amended filing |
| Official Form       |   | n Individua              | l Debtor's So                | chedules                          | 12/15                              |
|                     |   |                          |                              |                                   |                                    |
| ir two married pe   | eopie are filing togethe                          | r, both are equally resp | onsible for supplying cor    | rect information.                 |                                    |
| You must file thi   | s form whenever you fi                            | le bankruptcy schedule   | es or amended schedules      | s. Making a false statement, co   | ncealing property, or              |
|                     |   |                          | nkruptcy case can result i   | in fines up to \$250,000, or impl | risonment for up to 20             |
| years, or both. 1   | 8 U.S.C. §§ 152, 1341, 1                          | 519, and 3571.           |                              |                                   |                                    |
|                     |   |                          |                              |                                   |                                    |
| Sign                | n Below   |                          |                              |                                   |                                    |
| Did you pa          | y or agree to pay some                            | one who is NOT an atto   | orney to help you fill out b | bankruptcy forms?                 |                                    |
| ■ No                |   |                          |                              |                                   |                                    |
| □ Yes. N            | Name of person                                    |                          |                              | Attach Bankruptcy Pe              | tition Preparer's Notice,          |
|                     |   |                          |                              |                                   | ature (Official Form 119)          |
|                     |   |                          |                              |                                   |                                    |
|                     | ilty of perjury, I declare<br>e true and correct. | that I have read the sur | mmary and schedules file     | ed with this declaration and      |                                    |
| X /s/ ALM           | MA DELIA JUAREZ                                   |                          | X                            |                                   |                                    |
|                     | <b>DELIA JUAREZ</b> re of Debtor 1                |                          | Signature of                 | Debtor 2                          |                                    |
| Date /              | April 28, 2016                                    |                          | Date                         |                                   |                                    |

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| HI                | l in this inform                    | nation to identify yo                       | ur case:   |   |  |   |
|-------------------|-------------------------------------|---|--|---|--|---|
|                   | btor 1                              |   |  |   |  |   |
| De                | וטוטו ו                             | ALMA DELIA J                                | Middle Name  | Last Name   |  |   |
|                   | btor 2<br>ouse if, filing)          | First Name                                  | Middle Name  | Last Name   |  |   |
|                   |                                     | nkruptcy Court for the                      |  |   |  |   |
| 011               | iled States Da                      | Tikruptcy Court for the                     | NORTHERN DIOTRIOT  | JI ILLINOIO   |  |   |
|                   | se number _<br>nown)                |   |  |   | _  | theck if this is an mended filing                     |
| Of                | ficial Fo                           | rm 107                                      |  |   |  |   |
|                   |                                     |   | Affairs for Individ  | duals Filing for B                                    | Bankruptcy                                 | 4/10  |
| info<br>nun       | ormation. If m                      | nore space is needed<br>n). Answer every qu | sible. If two married people a<br>I, attach a separate sheet to<br>estion.<br>Iarital Status and Where You | this form. On the top of an                           |  |   |
| 1.                |                                     | r current marital stat                      |  |   |  |   |
|                   | ■ Married                           |   |  |   |  |   |
| 2                 |                                     |   | u lived envelope ether then  | where you live new?                                   |  |   |
| 2.                | During the i                        | ast 3 years, nave you                       | u lived anywhere other than  | where you live now?                                   |  |   |
|                   | ■ No □ Yes. Lis                     | st all of the places you                    | lived in the last 3 years. Do no   | ot include where you live nov                         | ٧.   |   |
|                   | Debtor 1 Pr                         | ior Address:                                | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | ldress:                                    | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>stat |                                     |   | ever live with a spouse or leg<br>alifornia, Idaho, Louisiana, Ne  |   |  |   |
|                   | ■ No<br>□ Yes. Ma                   | ake sure you fill out Se                    | chedule H: Your Codebtors (Of  | fficial Form 106H).                                   |  |   |
| Pai               | rt 2 Expla                          | in the Sources of Yo                        | ur Income  |   |  |   |
| 4.                | Fill in the total f you are filing. | al amount of income y                       | employment or from operating ou received from all jobs and a unhave income that you received               | all businesses, including part                        | -time activities.                          | ndar years?   |
|                   |                                     |   | Debtor 1   |   | Debtor 2                                   |   |
|                   |                                     |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|                   | 16 YTD: Debte<br>come               | or Employment                               | ☐ Wages, commissions, bonuses, tips  | \$8,640.27  | ☐ Wages, commissions, bonuses, tips        |   |
|                   |                                     |   | ☐ Operating a business   |   | ☐ Operating a business                     |   |
|                   |                                     | MPPLOYMENT<br>L DBA MACNEAL                 | ☐ Wages, commissions, bonuses, tips  | \$5,232.44  | ☐ Wages, commissions, bonuses, tips        |   |
|                   |                                     |   | ☐ Operating a business   |   | ☐ Operating a business                     |   |
| Offic             | cial Form 107                       |   | Statement of Financial Aff   | airs for Individuals Filing for B                     | sankruptev                                 | page '  |

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Debtor 1 ALMA DELIA JUAREZ

|   | Debtor 1  | Debtor 2   |  |   |
|---|---|--|--|---|
|   | Sources of income<br>Check all that apply.                  | Gross income<br>(before deductions and<br>exclusions)      | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
| 2015: Debtor Employment Income[<br>OAK LAWN ENDOSCOPY<br>\$37,2847.07) (VHS OF ILL DBA  | ☐ Wages, commissions, bonuses, tips                         | \$37,284.07  | ☐ Wages, commissions, bonuses, tips        |   |
| MACNEAL \$5232.44)  | ☐ Operating a business                                      |  | ☐ Operating a business                     |   |
| 2015 DEBTOR EMPLOYMENT<br>INCOME- SOUTHWEST GASTRO  | ☐ Wages, commissions, bonuses, tips                         | \$800.00   | ☐ Wages, commissions, bonuses, tips        |   |
|   | ☐ Operating a business                                      |  | ☐ Operating a business                     |   |
| 2014: Debtor Employment Income with Southwest Gastro  | ☐ Wages, commissions, bonuses, tips                         | \$2,000.00   | ☐ Wages, commissions, bonuses, tips        |   |
|   | ☐ Operating a business                                      |  | ☐ Operating a business                     |   |
| 2014 Income for Debtor for<br>Employment for Oak Lawn II  | ☐ Wages, commissions, bonuses, tips                         | \$4,438.55   | ☐ Wages, commissions, bonuses, tips        |   |
| Endoscopy   | ☐ Operating a business                                      |  | ☐ Operating a business                     |   |
| Income for 2014 from Debtor<br>Employment with VHS of IL DBA<br>MacNeal   | ☐ Wages, commissions, bonuses, tips                         | \$12,443.90  | ☐ Wages, commissions, bonuses, tips        |   |
| Macineal  | ☐ Operating a business                                      |  | ☐ Operating a business                     |   |
| 5. Did you receive any other income Include income regardless of wheth and other public benefit payments; winnings. If you are filing a joint cas | ner that income is taxable. Expensions; rental income; inte | amples of other income are a rest; dividends; money collec | ted from lawsuits; royalties; an           |   |

Yes. Fill in the details.

| Debtor 1                             |   | Debtor 2                             |   |  |
|--------------------------------------|---|--------------------------------------|---|--|
| Sources of income<br>Describe below. | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |  |

### List Certain Payments You Made Before You Filed for Bankruptcy

| 6. <i>i</i> | Are either | Debtor 1's | s or De | btor 2's | debts | primarily | consumer | debts? |
|-------------|------------|------------|---------|----------|-------|-----------|----------|--------|
|-------------|------------|------------|---------|----------|-------|-----------|----------|--------|

☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

□ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<sup>\*</sup> Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address **Dates of payment Total amount** Amount you Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Amount you Insider's Name and Address Dates of payment **Total amount** Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П Nο Yes. Fill in the details. Nature of the case Status of the case Case title Court or agency Case number 2013 CH 16937 **FORECLOSURE DALEY CENTER- 50 W** Pending FEDERAL NATIONAL MORTGAGE WASHINGTON CHICAGO IL □ On appeal □ Concluded ALMA HERNANDEZ - A/K.A ALMA **JUAREZ** SALE DATE ORDERED 2013 CH 16937 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Value of the Date property Explain what happened

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**ALMA DELIA JUAREZ** 

Debtor 1

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| Der | NOT ALMA DELIA JUAREZ  |         | Case number   | (If Known)               |                        |  |  |  |  |
|-----|--|---------|---|--------------------------|------------------------|--|--|--|--|
|     |  |         |   |                          |                        |  |  |  |  |
| 11. | Within 90 days before you filed for bank accounts or refuse to make a payment b  No  Yes. Fill in the details. |         | did any creditor, including a bank or financial in<br>e you owed a debt?                            | stitution, set off any a | nmounts from your      |  |  |  |  |
|     |  | _       |   |                          |                        |  |  |  |  |
|     | Creditor Name and Address  | De      | escribe the action the creditor took  | Date action was taken    | Amoun                  |  |  |  |  |
| 12. | court-appointed receiver, a custodian, o   |         | vas any of your property in the possession of an<br>ner official?                                   | assignee for the bene    | efit of creditors, a   |  |  |  |  |
|     | ■ No □ Yes   |         |   |                          |                        |  |  |  |  |
| Par | t 5: List Certain Gifts and Contribution   | าร      |   |                          |                        |  |  |  |  |
| 13. | Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift.                       | ruptcy, | did you give any gifts with a total value of more   | than \$600 per person    | ?                      |  |  |  |  |
|     | Gifts with a total value of more than \$60 per person  | 00      | Describe the gifts  | Dates you gave the gifts | Value                  |  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:  | l       |   |                          |                        |  |  |  |  |
| 14. | Within 2 years before you filed for banks  | ruptcy, | did you give any gifts or contributions with a tot  | al value of more than    | \$600 to any charity   |  |  |  |  |
|     | ■ No   |         |   |                          |                        |  |  |  |  |
|     | ☐ Yes. Fill in the details for each gift or contribution.  |         |   |                          |                        |  |  |  |  |
|     | Gifts or contributions to charities that   |         | Describe what you contributed   | Dates you                | Value                  |  |  |  |  |
|     | more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod                                |         | bescribe what you contributed   | contributed              | Value                  |  |  |  |  |
| Par |  |         |   |                          |                        |  |  |  |  |
|     | Within 1 year before you filed for bankru  | iptcy o | r since you filed for bankruptcy, did you lose any  | thing because of thef    | t, fire, other disaste |  |  |  |  |
|     | or gambling?   |         |   |                          |                        |  |  |  |  |
|     | ■ Ma   |         |   |                          |                        |  |  |  |  |
|     | No   |         |   |                          |                        |  |  |  |  |
|     | ☐ Yes. Fill in the details.  | _       |   |                          |                        |  |  |  |  |
|     | Describe the property you lost and how the loss occurred   | Desci   | ibe any insurance coverage for the loss   | Date of your             | Value of property      |  |  |  |  |
|     | now the loss occurred  |         | e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. | loss                     | 103                    |  |  |  |  |
| Par | t 7: List Certain Payments or Transfer   | s       |   |                          |                        |  |  |  |  |
| 16. | Within 1 year before you filed for bankru consulted about seeking bankruptcy or                                |         | lid you or anyone else acting on your behalf pay  | or transfer any prope    | rty to anyone you      |  |  |  |  |
|     | Include any attorneys, bankruptcy petition   |         | rs, or credit counseling agencies for services require  | ed in your bankruptcy.   |                        |  |  |  |  |
|     | No   |         |   |                          |                        |  |  |  |  |
|     | Yes. Fill in the details.  |         |   |                          |                        |  |  |  |  |
|     | Person Who Was Paid  |         | Description and value of any property   | Date payment             | Amount o               |  |  |  |  |
|     | Address  |         | transferred   | or transfer was          | paymen                 |  |  |  |  |
|     | Email or website address Person Who Made the Payment, if Not   | You     |   | made                     |                        |  |  |  |  |
|     | DEBTOR EDU   |         | 14.95   | 04/06/2016               | \$0.00                 |  |  |  |  |

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Debtor 1 ALMA DELIA JUAREZ

| 17. | Within 1 year before you filed for bankrupto promised to help you deal with your creditor Do not include any payment or transfer that you not not include any payment or transfer that you not | ors or to make payments  |                                 |  | erty to anyone who                            |
|-----|---|--|---------------------------------|--|---|
|     | Person Who Was Paid<br>Address  | Description and v  | alue of any propert             | Date payment or transfer was made                                    | Amount of payment                             |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your burnel include both outright transfers and transfers minclude gifts and transfers that you have alread No  Yes. Fill in the details.   | ousiness or financial affa<br>ade as security (such as t                 | airs?<br>the granting of a secu |  |   |
|     | Person Who Received Transfer<br>Address   | Description and very property transfer                                   |                                 | Describe any property or payments received or debts paid in exchange | Date transfer was made                        |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-programs)  No Yes. Fill in the details.   |  | y property to a self            | -settled trust or similar device                                     | e of which you are a                          |
|     | Name of trust   | Description and v  | alue of the property            | y transferred  | Date Transfer was made                        |
| Pai | List of Certain Financial Accounts, In  | struments, Safe Deposi   | t Boxes, and Storag             | ge Units   |   |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso  | or other financial accou   | nts; certificates of c          |  |   |
|     | Yes. Fill in the details.   |  |                                 |  |   |
|     | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)  | Last 4 digits of account number  | Type of account of instrument   | Date account was<br>closed, sold,<br>moved, or<br>transferred        | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 cash, or other valuables?  No Yes. Fill in the details.   | year before you filed for  | bankruptcy, any sa              | afe deposit box or other depo  | sitory for securities,                        |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                                 | scribe the contents  | Do you still have it?                         |
| 22. | Have you stored property in a storage unit  | ĺ  | home within 1 year              | r before you filed for bankrup                                       | tcy?  |
|     | ■ No □ Yes. Fill in the details.  |  |                                 |  |   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                                 | scribe the contents  | Do you still have it?                         |

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Debtor 1 ALMA DELIA JUAREZ

| Pai  | t 9: Identify Property You Hold or Control for  | Someone Else   |  |                    |  |  |
|--|---|--|--|--------------------|--|--|
| 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in tru for someone. |   |  |  |                    |  |  |
|  | ■ No  |  |  |                    |  |  |
|  | Yes. Fill in the details.   |  |  |                    |  |  |
|  | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)    | Describe the property                    | Value              |  |  |
| Pai  | t 10: Give Details About Environmental Inform   | ation  |  |                    |  |  |
| For  | the purpose of Part 10, the following definitions   | apply:   |  |                    |  |  |
|  | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, ground                                     |  |                    |  |  |
|  | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  | sites.   |  |                    |  |  |
|  | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or   |  | s waste, hazardous substance, toxic      | substance,         |  |  |
| Rep  | ort all notices, releases, and proceedings that y   | ou know about, regardless of wher  | n they occurred.                         |                    |  |  |
| 24.  | Has any governmental unit notified you that yo  | u may be liable or potentially liable                                      | under or in violation of an environm     | ental law?         |  |  |
|  | ■ No  |  |  |                    |  |  |
|  | Yes. Fill in the details.   |  |  |                    |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it        | Date of notice     |  |  |
| 25.  |   |  |  |                    |  |  |
|  | ■ No  |  |  |                    |  |  |
|  | ☐ Yes. Fill in the details.   |  |  |                    |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it        | Date of notice     |  |  |
| 26.  | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.                 |  |  |                    |  |  |
|  | ■ No  |  |  |                    |  |  |
|  | Yes. Fill in the details.   |  |  |                    |  |  |
|  | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                       | Status of the case |  |  |
| Pai  | t 11: Give Details About Your Business or Cor   | nnections to Any Rusiness  |  |                    |  |  |
|  |   | •  | ov af the fallerwine assumentions to ass |                    |  |  |
| 27.  | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?                |  |  |                    |  |  |
|  | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                                   |  |  |                    |  |  |
|  | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |  |  |                    |  |  |
|  | <ul><li>☐ A partner in a partnership</li><li>☐ An officer, director, or managing executive of a corporation</li></ul>                           |  |  |                    |  |  |
|  |   |  |  |                    |  |  |

 $\hfill \square$  An owner of at least 5% of the voting or equity securities of a corporation

Page 39 of 48 Case number (if known) Document Debtor 1 **ALMA DELIA JUAREZ** No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ ALMA DELIA JUAREZ Signature of Debtor 2 **ALMA DELIA JUAREZ** Signature of Debtor 1 Date April 28, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Entered 04/28/16 15:28:40

■ No

☐ Yes. Name of Person

Case 16-14496

Doc 1

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Filed 04/28/16

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| Fill in this inform                   | estion to identify                              |                       |                  |   |              |                                |
|---------------------------------------|---|-----------------------|------------------|---|--------------|--------------------------------|
|                                       | nation to identify your                         |                       |                  |   |              |                                |
| Debtor 1                              | ALMA DELIA JUA<br>First Name                    | Middle Name           |                  | Last Name   | -            |                                |
| Debtor 2                              | i iist ivaine                                   | Wildlie Name          |                  | Last Name   |              |                                |
| (Spouse if, filing)                   | First Name                                      | Middle Name           |                  | Last Name   | -            |                                |
| United States Ban                     | kruptcy Court for the:                          | NORTHERN DIST         | TRICT OF ILLII   | NOIS  | _            |                                |
| Case number                           |   |                       |                  |   |              |                                |
| (if known)                            |   |                       |                  |   |              | ☐ Check if this is an          |
|                                       |   |                       |                  |   |              | amended filing                 |
|                                       |   |                       |                  |   |              |                                |
| Official For                          | m 108   |                       |                  |   |              |                                |
|                                       |   | n for lodin           | احلميات          | Filing Hadar Cha  |              |                                |
| Statemen                              | t of Intentio                                   | n tor indiv           | iduais           | Filing Under Cha  | pter 1       | 12/15                          |
| lf and an in div                      | danal filia a conden ele                        | 7                     | l a.u. thia famo | . if.   |              |                                |
|                                       | idual filing under cha<br>claims secured by yo  | ,                     | out this form    | і іт:   |              |                                |
| _                                     |   |                       | at avairad       |   |              |                                |
| •                                     | ed personal property a<br>form with the court w |                       | •                | bankruptcy petition or by the da                                      | te set for t | he meeting of creditors.       |
| whichev                               | er is earlier, unless th                        |                       |                  | se. You must also send copies   |              |                                |
| on the fo                             | orm   |                       |                  |   |              |                                |
| •                                     | ople are filing togethe<br>d date the form.     | r in a joint case, bo | th are equally   | responsible for supplying corre                                       | ect informa  | tion. Both debtors must        |
| Re as complete a                      | nd accurate as nossih                           | ole If more space is  | nooded atta      | ch a separate sheet to this form                                      | On the to    | n of any additional nages      |
|                                       | ur name and case nur                            |                       | needed, alla     | ch a separate sheet to this form                                      | . On the to  | p of any additional pages,     |
|                                       |   |                       |                  |   |              |                                |
| Part 1: List You                      | ur Creditors Who Hav                            | e Secured Claims      |                  |   |              |                                |
| •                                     | -   | art 1 of Schedule D   | : Creditors W    | ho Have Claims Secured by Pro   | perty (Offic | cial Form 106D), fill in the   |
| information bel                       | low.<br>ditor and the property t                | hat is collateral     | What do yo       | u intend to do with the property                                      | that         | Did you claim the property     |
| racinity the ores                     | untor und the property t                        | nat 13 conditional    | secures a        |   |              | as exempt on Schedule C?       |
|                                       |   |                       |                  |   |              |                                |
| Creditor's Se                         | eterus  |                       | Surrende         | er the property.  |              | □No                            |
| name:                                 |   |                       |                  | ne property and redeem it.  |              |                                |
|                                       |   |                       | _                | e property and enter into a   |              | Yes                            |
| •                                     | Location: 5840 W.                               | 64TH ST,              |                  | nation Agreement.   |              |                                |
| property                              | Chicago IL 60638                                |                       | ☐ Retain th      | e property and [explain]:   |              |                                |
| securing debt:                        |   |                       |                  |   |              |                                |
| Part 2: List Yo                       | ur Unexpired Persona                            | I Property Leases     |                  |   |              |                                |
| For any unexpired                     | d personal property le                          | ase that you listed   | in Schedule C    | 6: Executory Contracts and Une  | xpired Lea   | ses (Official Form 106G), fill |
|                                       |   |                       |                  | s are leases that are still in effectes not assume it. 11 U.S.C. § 36 |              | e period has not yet ended.    |
| <u></u>                               |   |                       |                  |   | 14711        |                                |
| Describe your un                      | nexpired personal pro                           | perty leases          |                  |   | VVIII        | the lease be assumed?          |
| Lessor's name:                        |   |                       |                  |   |              | lo                             |
| Description of leas                   | sed   |                       |                  |   |              | -                              |
| Property:                             |   |                       |                  |   | □ Y          | 'es                            |
| Lossor's name:                        |   |                       |                  |   |              |                                |
| Lessor's name:<br>Description of leas | sed   |                       |                  |   |              | 10                             |
| Property:                             |   |                       |                  |   | □ Y          | 'es                            |
|                                       |   |                       |                  |   |              |                                |
| Lessor's name:                        |   |                       |                  |   |              | lo                             |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Debtor 1 | ALMA DELIA JUAREZ   | Case number (if known)  |
|----------|---|---|
|          | tion of leased  | _   |
| Property | y:  | ☐ Yes   |
| Lessor's | s name:<br>tion of leased   | □ No  |
| Property |   | ☐ Yes   |
| Lessor's | s name:<br>tion of leased   | □ No  |
| Property |   | ☐ Yes   |
| Lessor's | s name:<br>tion of leased   | □ No  |
| Property |   | ☐ Yes   |
| Lessor's | s name:<br>tion of leased   | □ No  |
| Property |   | ☐ Yes   |
| Part 3:  | Sign Below  |   |
|          | enalty of perjury, I declare that I have indicated my intention a<br>y that is subject to an unexpired lease. | bout any property of my estate that secures a debt and any personal |
| χ /s/    | ALMA DELIA JUAREZ   | X   |
|          | LMA DELIA JUAREZ gnature of Debtor 1  | Signature of Debtor 2   |
| Da       | April 28, 2016  | Date  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-14496 Doc 1 Filed 04/28/16 Entered 04/28/16 15:28:40 Desc Main Document Page 46 of 48

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Northern District of Illinois**

| In   | re ALMA DELIA JUAREZ  |  | Case N                                |                               |           |
|------|---|--|---------------------------------------|-------------------------------|-----------|
|      |   | Debtor(s)  | Chapte                                | 7                             |           |
|      | DISCLOSURE OF COMPEN  | NSATION OF ATTOR   | RNEY FOR I                            | DEBTOR(S)                     |           |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filin be rendered on behalf of the debtor(s) in contemplation of  | g of the petition in bankruptcy,   | or agreed to be p                     | id to me, for services render | red or to |
|      | For legal services, I have agreed to accept   |  | \$                                    | 800.00                        |           |
|      | Prior to the filing of this statement I have received   |  | \$                                    | 800.00                        |           |
|      | Balance Due   |  | \$                                    | 0.00                          |           |
| 2.   | \$ of the filing fee has been paid.   |  |                                       |                               |           |
| 3.   | The source of the compensation paid to me was:  |  |                                       |                               |           |
|      | ■ Debtor □ Other (specify):   |  |                                       |                               |           |
| 4.   | The source of compensation to be paid to me is:   |  |                                       |                               |           |
|      | ■ Debtor □ Other (specify):   |  |                                       |                               |           |
| 5.   | ■ I have not agreed to share the above-disclosed compe  | ensation with any other person   | unless they are m                     | embers and associates of my   | law firm. |
|      | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name   |  |                                       |                               | irm. A    |
| 6.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |  |                                       |                               |           |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rende</li> <li>b. Preparation and filing of any petition, schedules, state</li> <li>c. Representation of the debtor at the meeting of credito</li> <li>d. [Other provisions as needed]         Negotiations with secured creditors to reaffirmation agreements and application         522(f)(2)(A) for avoidance of liens on how     </li> </ul> | ement of affairs and plan which<br>ors and confirmation hearing, ar<br>educe to market value; exe<br>ns as needed; preparation | may be required; and any adjourned le | earings thereof;              | g of      |
| 7.   | By agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtors in any dis<br>any other adversary proceeding.   | e does not include the following<br>schargeability actions, judi   | service:<br>cial lien avoida          | nces, relief from stay ac     | tions or  |
|      |   | CERTIFICATION  |                                       |                               |           |
| this | I certify that the foregoing is a complete statement of any s bankruptcy proceeding.  | y agreement or arrangement for   | payment to me for                     | r representation of the debto | r(s) in   |
|      | April 28, 2016  | /s/ ESPERANZA F<br>NO  | RIVERA-VALEN                          | ZUELA STATE OF IL             |           |
|      | Date  | 6282077  |                                       | ELA STATE OF IL NO            |           |
|      |   | Signature of Attorne LAW OFFICES OF RIVERA-VALENZ 6418 W. OGDEN BERWYN, IL 6040  | F ESPERANZA<br>UELA, LLC              |                               |           |
|      |   | 708-749-8600 Fa  | x: 708-749-8602                       |                               |           |
|      |   | ATTORNEYESPE Name of law firm  | KANZA@SBCC                            | LOBAL.NET                     |           |

### **United States Bankruptcy Court** Northern District of Illinois

| In re | ALMA DELIA JUAREZ                             | Debtor(s)   | Case No. Chapter 7           |               |
|-------|---|---|------------------------------|---------------|
|       | VEI   | RIFICATION OF CREDITOR MA                                   | ATRIX                        |               |
|       |   | Number of C   | Creditors:                   | 10            |
|       | The above-named Debtor(s) is (our) knowledge. | hereby verifies that the list of credito                    | rs is true and correct to tl | ne best of my |
| Date: | April 28, 2016                                | /s/ ALMA DELIA JUAREZ ALMA DELIA JUAREZ Signature of Debtor |                              |               |

ADT PO BOX 371878 Pittsburgh, PA 15250

ADVOCATE HEALTH CARE PO BOX 4256 Carol Stream, IL 60197

Chase Card Po Box 15298 Wilmington, DE 19850

CITIZENS LAW GROUP LTD. 2101 W. DIVISION Chicago, IL 60622

COMENITY BANK- BANKRUPTCY DEPARTMEN PO BOX 182125 Columbus, OH 43218

FERRILL LAW FIRM 115 55TH STREET Clarendon Hills, IL 60514

HAUSELMAN RAPPIN & OLSWANG LTD 29 E MADISON STE 950 Chicago, IL 60602

Remax Partners- Luis Ortiz- Broker 6420 W Cermak Berwyn, IL 60402

Seterus 14523 Sw Millikan Way St Beaverton, OR 97005

Td Bank Usa/Targetcred Po Box 673 Minneapolis, MN 55440